MAR O 5 MM

SUPPLEMENTAL APPLICATION DATA SHEET

INVENTOR INFORMATION:

Inventor One Given Name:: John

Family Name:: DI SIMONE

Postal Address Line One:: 97 Wycliffe Avenue

City:: Woodbridge

State or Province:: Ontario

Country:: Canada

Postal or Zip Code:: L4L 3N4

City of Residence:: Woodbridge

State or Province of Residence:: Ontario

Country of Residence:: Canada Citizenship Country:: Canada

Inventor Two Given Name:: Barry Lloyd

Family Name:: DRYSDALE

Postal Address Line One:: 4371 Victoria Street

City:: Puslinch

State or Province:: Ontario

Country:: Canada

Postal or Zip Code:: N0B 1J0 City of Residence:: Puslinch

State or Province of Residence:: Ontario

Country of Residence:: Canada Citizenship Country:: Canada

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 27160

Fax:: (312) 902-1061

APPLICATION INFORMATION

Title Line One:: INJECTION MOLDING LID TRANSFER

Title Line Two: AND METHOD

Total Drawing Sheets:: Ten (10)

Informal Drawings?:: No Application Type:: Utility

Suggested Dwg. Figure for Pub.:: Fig. 3

Docket Number:: 213201.00188
Secrecy Order in Parent Appl.?:: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 27160

PRIOR FOREIGN OR U.S. APPLICATIONS

U.S. Application::

Filing Date::

Country::

Priority Claimed::